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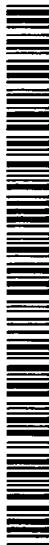
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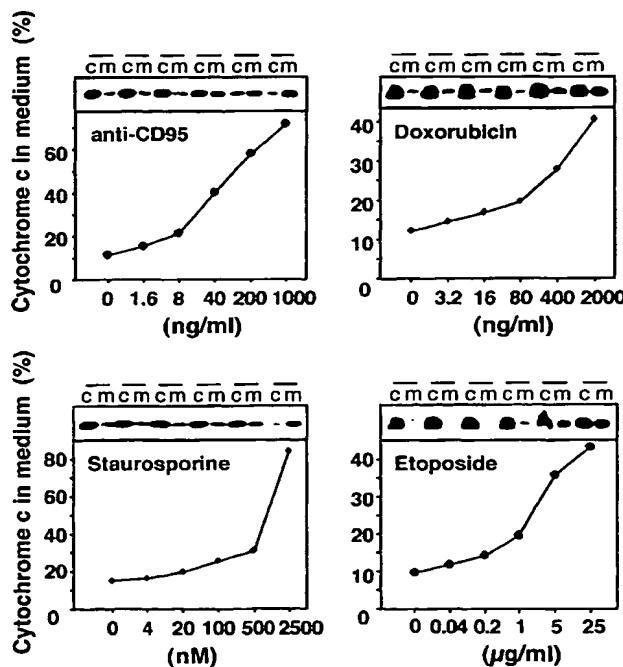
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[Continued on next page]

(54) Title: **METHOD FOR THE DETECTION OF APOPTOSIS BY DETERMINING APOPTOSIS-SPECIFIC MARKERS RELEASED INTO AN EXTRACELLULAR MEDIUM THROUGH CELLULAR RELEASE MECHANISMS**



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(57) Abstract: A method for the detection of apoptosis by determining presence, amount, or activity of apoptosis-specific markers released from at least one cell undergoing apoptosis into an extracellular medium through cellular release mechanisms is disclosed. The extracellular medium includes body fluids, in particular urine, inflammatory fluid, serum, liquor, or cell culture medium, wherein samples are preferably taken from humans or animals. The method can be used for the diagnosis and/or for therapy control of diseases and/or processes associated with increased apoptosis. It can also be used for therapy control of diseases associated with decreased apoptosis. Additionally, a method is disclosed for the identification of apoptosis-modulating substances, characterized in that apoptosis-specific markers released from a cell culture sample into an extracellular cell culture medium through cellular release mechanisms are determined. The invention also concerns the use of an apoptosis detection kit for determining extracellular apoptosis-specific markers. It further relates to the use of cytochrome c and/or peptides derived thereof as a medicament, pharmaceutical compositions comprising cytochrome c and/or peptides derived thereof, and optionally a pharmaceutically acceptable carrier, and the use of cytochrome c and/or peptides derived thereof, for the preparation of a medicament for the treatment of diseases with inflammatory manifestation.



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Method for the detection of apoptosis by determining apoptosis-specific markers released into an extracellular medium through cellular release mechanisms

5 This invention relates to a method for the detection of apoptosis by determining apoptosis-specific markers. It further relates to a method for the identification of apoptosis-modulating substances and the use of an apoptosis detection kit for determining apoptosis-specific markers in a sample. Additionally, it relates to the use of cytochrome c and/or peptides derived
10 thereof as a medicament or in pharmaceutical compositions.

Cell death occurs in two distinct forms in nature, namely necrosis and apoptosis. Necrosis results from massive physical or chemical insult, when noxious stimuli disintegrate the function of various cellular compartments
15 leading to mitochondrial dysfunction, swelling of the cell followed by plasma membrane damage, and cell lysis. Necrosis generally provokes an inflammatory response. In contrast, apoptosis (programmed cell death) results from a gene-directed self-destruction program within the cells in response to internal and external stimuli. The apoptotic process is essential for
20 development and maintenance of integrity of multicellular organisms. Through apoptosis cells produced in excess, that have been developed improperly, or with a genetic damage can be eliminated. Apoptotic cells (apoptotic bodies) are usually recognized and cleared by neighboring cells or macrophages without induction of an inflammatory response (Orrenius, S., 1995. Apoptosis:
25 molecular mechanisms and implications for human disease. *J. Intern. Med.* 237:529-536). As virtually all cells in an organism can undergo apoptosis, the onset of the apoptotic process must be under permanent and tight physiological control.

30 Apoptotic cells are characterized by typical morphological and biochemical changes, like cytoskeletal disruption, cell shrinkage, membrane blebbing, DNA-fragmentation, and loss of phospholipid asymmetry with exposure of

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phosphatidyl serine (PS) on the outer leaflet of the cell membrane. Furthermore, during apoptosis cells maintain their membrane integrity (Thompson, C. B., 1995. Apoptosis in the pathogenesis and treatment of disease. *Science* 267:1456-1462).

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Important key effector molecules in the apoptotic process are proteases called caspases (cysteinyl aspartate-specific proteinases). They contain a cysteine in the active center and cleave peptides and proteins at semiconserved sequences after specific aspartate residues. They are synthesized as zymogens

10 which upon proteolytic activation form heterotetramers composed of two larger (p20) and two smaller (p10) subunits. During induction of apoptosis, they become (auto)activated and cleave a number of cellular proteins, thus participating in the occurrence of the typical morphology in apoptotic cells (Alnemri E.S., D.J. Livingston, D.W. Nicholson, G. Salvesen, N.A. Thornberry, 15 W.W. Wong, and J. Yuan, 1996. Human ICE/CED-3 protease nomenclature. *Cell*, 87:171; Los, M., S. Wesselborg, and K. Schulze-Osthoff, 1999. The role of caspases in development, immunity, and apoptotic signal transduction: lessons from knockout mice. *Immunity* 10:629-639).

20 Induction of the endogenous apoptotic death machinery can be initiated via two principal distinct pathways (Budihardjo, I., H. Oliver, M. Lutter, X. Luo, and X. Wang, 1999. Biochemical pathways of caspase activation during apoptosis. *Annu. Rev. Cell Dev. Biol.* 15:269-290). One involves the ligation of death receptors, such as TRAIL-R1, TRAIL-R2, CD95, or TNF-R1, which upon 25 binding of the adaptor protein FADD recruit procaspase-8 to the death-inducing signaling complex. Procaspase-8 is (auto)activated at the receptors and cleaves downstream targets, including other (effector) caspases. Another pathway that is triggered by a number of apoptotic stimuli, growth factor deprivation, excessive DNA-damage, anticancer drugs or irradiation, is 30 essentially controlled by the mitochondrion. An initial event is the release of cytochrome c from mitochondria into the cytosol (reviewed in Bernhardi P., L. Scorrano, R. Colonna, V. Petronilli, and F. Di Lisa, 1999. Mitochondria and cell

death. Mechanistic aspects and morphological issues. *Eur. J. Biochem.* 264: 687-701). Once released, cytochrome c together with (d)ATP binds to apoptotic protease-activating factor-1 (Apaf-1), leading to an unmasking of its caspase recruitment domain (CARD) followed by subsequent binding and 5 autoproteolytic activation of procaspase-9. Procaspsase-9, cytochrome c, (d)ATP, and Apaf-1 form the backbone of a protein complex, known as the apoptosome. Similarly to caspase-8, active caspase-9 then proteolytically activates downstream (effector) caspases, which by degrading various cellular proteins propagate the apoptotic signal. Both, the death receptor and the 10 mitochondrial pathway can synergize and amplify their own signals by positive feedback loops. Firstly, the BH3-only Bax-interacting protein Bid, which is a substrate of caspase-8, becomes activated in the death receptor-mediated pathway and induces the release of cytochrome c from mitochondria (Li, H., H. Zhu, C.-J. Xu, and J. Yuan, 1998. Cleavage of BID by caspase 8 mediates the 15 mitochondrial damage in the Fas pathway of apoptosis. *Cell* 94:491-501; Luo, X., I. Budihardjo, H. Zou, C. Slaughter, and X. Wang, 1998. Bid, a Bcl2 interacting protein, mediates cytochrome c release from mitochondria in response to activation of cell surface death receptors. *Cell* 94:481-490). Activated Bid triggers a conformational change of another pro-apoptotic 20 molecule, Bax, which leads to its oligomerization, and subsequent insertion into the outer mitochondrial membrane and finally to cytochrome c release (Desagher, S., A. Osen Sand, A. Nichols, R. Eskes, S. Montessuit, S. Lauper, K. Maundrell, B. Antonsson, and J.C. Martinou, 1999. Bid-induced conformational change of Bax is responsible for mitochondrial cytochrome c 25 release during apoptosis. *J. Cell Biol.* 144:891-901; Eskes, R., S. Desagher, B. Antonsson, and J.C. Martinou, 2000. Bid induces the oligomerization and insertion of Bax into the outer mitochondrial membrane. *Mol. Cell. Biol.* 20:929-935). Secondly, caspase-9 can activate procaspase-8 via the caspase- 3 and -6 cascade, thus amplifying the receptor-derived signal and via Bid 30 cleavage also the mitochondrial pathway (Wesselborg, S., I.H. Engels, E. Rossmann, A. Stepczynska, M. Los, and K. Schulze-Osthoff, 1999. Anticancer drugs induce caspase-8/FLICE activation and apoptosis in the absence of CD95

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receptor/ligand interaction. *Blood* 93:3053-3063; Los, M., S. Wesseiborg, and K. Schulze-Osthoff, 1999. The role of caspases in development, immunity, and apoptotic signal transduction: lessons from knockout mice. *Immunity* 10:629-639).

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A crucial step controlling the apoptosome pathway is the release of cytochrome c from mitochondria into the cytosol. It is a rapid and irreversible process that appears to be both energy- and caspase-independent (Goldstein, J.C., N.J. Waterhouse, P. Juin, G.I. Evan, and D.R. Green, 2000. The coordinate release of cytochrome c during apoptosis is rapid, complete and kinetically invariant. *Nat. Cell Biol.* 2:156-162). The mechanism by which cytochrome c translocates to the cytosol during apoptosis has not been elucidated in detail and is still a matter of debate. Much of the controversy has focussed on the mode of action of the pro-apoptotic Bcl-2 family members, such as Bad, Bak, Bax and Bid, which may facilitate the release of cytochrome c, whereas the anti-apoptotic proteins Bcl-2 and Bcl-x_L suppress the translocation of cytochrome c (Pellegrini M., A. Strasser, 1999. A portrait of the Bcl-2 protein family: life, death, and the whole picture. *J. Clin. Immunol.* 19:365-377; Gross A., J.M. McDonnell, S.J. Korsmeyer, 1999. Bcl-2 family members and the mitochondria in apoptosis. *Genes Dev.* 13:1899-1911). The functions of the pro-apoptotic Bcl-2 members have been proposed to involve the formation of pores in the outer mitochondrial membrane through which cytochrome c diffuses. Other models suggest that these proteins affect channels in the outer and the inner mitochondrial membrane, such as the permeability transition pore, thereby inducing hyperpolarization and permeability transition (Marchetti, P., M. Castedo, S.A. Susin, N. Zamzami, T. Hirsch, A. Macho, A. Haefner, F. Hirsch, M. Geuskens, and G. Kroemer, 1996. Mitochondrial permeability transition is a central coordinating event of apoptosis. *J. Exp. Med.* 184:1155-1160). It has been proposed that these events may cause the entry of water and solutes, matrix swelling and rupture of the outer membrane, which allows the passive release of cytochrome c. However, it has been observed that in many cell types the release of

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cytochrome c occurs before or even in the absence of a change in mitochondrial permeability (Goldstein, J.C., N.J. Waterhouse, P. Juin, G.I. Evan, and D.R. Green, 2000. The coordinate release of cytochrome c during apoptosis is rapid, complete and kinetically invariant. *Nat. Cell Biol.* 2:156-5 162), suggesting that this process involves additional or other mechanisms than opening of the permeability transition pore. Suppression of the anti-apoptotic members of the Bcl-2 family or activation of the pro-apoptotic members therefore leads to an alteration of the mitochondrial membrane permeability resulting in release of cytochrome c into the cytosol.

10

The deregulation of apoptosis underlies the pathogenesis of a variety of diseases. Disorders associated with decreased apoptosis include cancer (e.g. follicular lymphomas, carcinomas with p53 mutations, hormone-dependent tumors), autoimmune disorders (e.g. systemic lupus erythematosus, 15 rheumatoid arthritis, psoriasis, inflammatory bowel disease, autoimmune diabetes mellitus), and viral infections (e.g. herpesvirus-, poxvirus-, adenovirus-infections). Disorders associated with increased apoptosis are supposed to include AIDS, neurodegenerative disorders (e.g. Alzheimer's disease, Parkinson's disease, amyotrophic lateral sclerosis, retinitis 20 pigmentosa, spinal muscular atrophy, cerebellar degeneration), myelodysplastic syndromes (e.g. aplastic anemia), ischemic injury (e.g. myocardial infarction, stroke, reperfusion injury), and toxin-induced liver disease through alcohol abuse (Thompson, C. B., 1995. Apoptosis in the pathogenesis and treatment of disease. *Science* 267:1456-1462).

25

A variety of methods has been developed to detect apoptosis through the determination of apoptosis-specific parameters. These methods have been based for example on the detection of phosphatidyl serine (PS) at the cell surface by annexin V binding, DNA-laddering, hypodiploid nuclei, the detection 30 of cytosolic cytochrome c, caspase processing or caspase activity in cells or cell extracts. A number of screening assays for identifying apoptosis-modulating

substances has been developed which are based on monitoring of apoptosis-specific events in cells and in cell-free systems.

Los *et al.* (Los M., I. Herr, C. Friesen, S. Fulda, K. Schulze-Osthoff, and K.M. Debatin, 1997. Cross-resistance of CD95- and drug-induced apoptosis as a consequence of deficient activation of caspases (ICE/Ced-3 proteases). *Blood*, 90:3118-3129) disclose the following methods to detect apoptosis: (a) caspase-3 (CPP32) activation is assayed by Western blot through visualising active subunits of this enzyme; (b) caspase-3 activity is shown by Western blot visualisation of cleavage of its specific substrate PARP; and (c) changes in the nucleus and in cell membrane permeability is measured by flow cytometry through a combined staining with DNA dyes propidium iodide and Hoechst 33342. Another group describes a few more methods. DEVD-ase activity of activated caspase-3 can be measured fluorometrically in cell extracts using the substrate z-DEVD-afc. Another parameter, the release of cytochrome c from mitochondria into cytoplasm can be visualized by Western blot of cytoplasmic cell fractions (both described in: Ghibelli L., S. Coppola, C. Fanelli, G. Rotilio, P. Civitareale, A.I. Scovassi, and M.R. Ciriolo, 1999. Gluthathione depletion causes cytochrome c release even in the absence of cell commitment to apoptosis. *FASEB J.* 13:2031-2036).

Similar methods have been described in several publications and patent applications (Rossé T., R. Olivier, L. Monney, M. Rager, S. Conus, I. Fellay, B. Jansen, and C. Borner, 1998. Bcl-2 prolongs cell death survival after Bax-induced release of cytochrome c. *Nature* 391:496-499; Li, F., A. Srinivasan, Y. Wang, R.C. Armstrong, K.J. Tomaselli, and L.C. Fritz, 1997. Cell-specific induction of apoptosis by microinjection of cytochrome c. *J. Biol. Chem.* 272: 30299-30305; Luo, X., I. Budihardjo, H. Zou, C. Slaughter, and X. Wang, 1998. Bid, a Bcl2 interacting protein, mediates cytochrome c release from mitochondria in response to activation of cell surface death receptors. *Cell* 94: 481-490; Erhardt, P., E.J. Schremser, and G.M. Cooper, 1999. B-Raf inhibits programmed cell death downstream of cytochrome c release from

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mitochondria by activating the MEK/Erk pathway. *Mol. Cell. Biol.* 19: 5308-5315; Kennedy S.G., E.S. Kandel, T.K. Cross, and N. Hay, 1999. Akt/protein kinase B inhibits cell death by preventing the release of cytochrome c from mitochondria. *Mol. Cell. Biol.* 19: 5800-5810; WO 98/58541 and WO 5 98/02579).

WO 98/58541 is based on the assumption that anti-apoptotic Bcl-2 family members may inhibit apoptosis by binding to cytochrome c. It provides a description of a cell-free screening assay based on the modulation of the 10 interaction between cytochrome c and Bcl-2 family members, preferably between cytochrome c and Bcl-2 or Bcl-x_L or peptides derived from the Bcl-2 family members. Cytochrome c or Bcl-2 family members may be used in the assay bound to a solid support. The patent covers also antibodies, peptides and peptidomimetics that may modulate apoptosis by influencing interaction 15 between cytochrome c and Bcl-2 family members.

WO 98/02579 further describes a screening assay for the identification of regulators of apoptosis in a cell-free system. The backbone of the assay is a 100 000 g fraction of Hela cells (Hela S-100). The readout is e.g. the activation 20 of caspase-3 (CPP32), which can be determined by the detection of the proteolytically activated form of caspase-3 or by the detection of cleaved caspase substrates like PARP or SREBP-2. The detection may be performed by SDS-polyacrylamide gel electrophoresis and autoradiography of radioactively labelled caspase-3 or its substrates, or by Western blot. For test purpose the 25 activation of caspase-3 is initiated in Hela S-100 by addition of nucleotides (preferably dATP) and cytochrome c. The results are compared with those of reference samples. The readout of the apoptotic activity could also be DNA degradation of hamster liver nuclei introduced to the S-100, to which challenge 30 compounds are added. The DNA degradation is assessed by agarose gel electrophoresis. Further, the readout of the apoptotic activity could be the increase of cytoplasmatic cytochrome c.

WO 98/55615 relates to a screening assay for identifying therapeutically active molecules that modulate apoptosis. Cell-free assays designed to test compounds able to compete with cytochrome c for specific binding to Apaf-1 are disclosed. In further cell-free assays apoptosis-modulating substances are 5 identified by measuring the proteolytic cleavage of caspase-3 precursor in the presence or absence of apoptosis-modulating compounds.

WO 99/18856 relates to fluorescent dyes, novel fluorogenic and fluorescent reporter molecules and new assay procedures that can be used to detect the 10 activity of caspases and other enzymes involved in apoptosis in whole cells, cell lines and tissue samples derived from any living organism or organ. The monitoring of apoptosis-specific proteolytic activity can be used for drug screening procedures to identify substances which act as inhibitors or inducers 15 of enzymes of the apoptotic cascade, in particular intracellular caspases. When the enzymes are activated upon induction of apoptosis the fluorogenic or 20 fluorescent reporter molecules are cleaved and respond with a significant increase in fluorescence emission. To detect whether a test substance has an effect on an enzyme involved in the apoptotic cascade, cells are contacted with a test substance and the reporter compound whereby the reporter compound is taken up into the cells, and the test substance either interacts with an 25 external membrane receptor or is taken up into the cells. The change in fluorescence (e.g. magnitude, wavelength) within the cells is recorded and compared to control cells which have only been contacted with the reporter compound and not with the test substance. A change in fluorescence within the test cells in comparison to the control cells is taken as an indication that the test substance has an effect on the apoptotic enzymes.

The above-identified methods to detect apoptosis show a variety of disadvantages, such as being very time-consuming due to complicated 30 experimental procedures and requiring a large number of specific antibodies, or reagents capable of entering the cell. Furthermore, the majority of the methods relies on cell lysis. Some, like e.g. annexin V staining may not be

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apoptosis-specific, others require large quantities of cells. Most methods usually detect cells in later stages of apoptosis, which are not accessible *in vivo* since at this point apoptotic cells (apoptotic bodies) have already been taken up by phagocytes. The detection of apoptosis by immunostaining has 5 the disadvantage of requiring fixation of the cells using toxic formaldehyde changing the properties of the cell and the cell surface.

The cell-free assays of the prior art detecting cytochrome c and other apoptosis-specific markers cannot exactly predict the ability of apoptosis-modulating substances to penetrate the cellular membrane. An apoptosis-modulating compound should be able to penetrate the intact cell membrane. Additionally, it has been suggested that a number of cellular receptors, 10 proteins, cell constituents and cofactors can influence apoptosis in living cells. The majority of the assays described in the prior art do not take into account these cellular receptors and other cofactors. This way, the risk of false-positive 15 or false-negative identification of apoptosis-modulating substances increases, because it might be possible that a compound identified in these assays might not work in living cells. An apoptosis-modulating substance influencing apoptosis indirectly through one of these cellular receptors or other cofactors would be missed in these assays. Different cell types are supposed to have 20 different receptors and cofactors influencing apoptosis. Therefore, using the cell-free assays, it is impossible to identify cell-type or organo-specific modulators of apoptosis. The fluorescent assay described in WO 99/18856 shows the disadvantage of requiring very specific fluorescent reagents. In 25 addition, it has been described that some caspases can be activated in absence of apoptosis. Therefore, the above-identified assays are not optimal for the identification of apoptosis-modulating substances.

A variety of kits to detect apoptosis are commercially available. These kits use 30 several points in the apoptotic cascade as a target. The kits are designed to detect apoptosis-related events including mitochondrial changes, membrane changes, activation of caspases, DNA-fragmentation, glutathione level

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changes and cytosolic cytochrome c. The known uses of the above-identified kits to detect apoptosis have the disadvantages of being very time-consuming due to complicate experimental procedures and requiring a large number of expensive reagents. Furthermore, the described uses usually require the 5 destruction of the cells or cell fractionation experiments.

With regard to the above-identified disadvantages of the prior art it would be desirable to have an improved method for the detection of apoptosis and the 10 identification of apoptosis-modulating substances. These methods should be able to detect apoptosis in an earlier stage of the apoptotic process, be easier handled in comparison to prior art methods and should not require destruction of cells.

It is therefore an object of the present invention to provide an improved 15 method for the detection of apoptosis. It is a further object to provide an improved method for the identification of apoptosis-modulating substances, an improved use of an apoptosis detection kit and the use of cytochrome c and/or peptides derived thereof as a medicament, in pharmaceutical compositions, or for the preparation of pharmaceutical compositions for the treatment of 20 diseases with inflammatory manifestation.

These objects have been achieved by the method described in claim 1, the method for the identification of apoptosis-modulating substances described in claim 15, the use of an apoptosis detection kit for determining apoptosis-specific markers as referred to in claim 21, the use of cytochrome c and/or peptides derived thereof as a medicament or in a pharmaceutical composition 25 according to claims 23 and 24, or the use of cytochrome c and/or peptides derived thereof for the preparation of pharmaceutical compositions for the treatment of diseases with inflammatory manifestation as referred to in claim 30 25. Preferred embodiments of the present invention are indicated in the dependent claims.

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The detection of apoptosis by determining apoptosis-specific markers according to the present invention allows detection of apoptosis with much more simple, efficient, high-speed, high-throughput methodology, effectively detecting early apoptosis without destruction of the cells. Another advantage 5 of the present invention is that the method can be applied to cells in a natural cell environment without changing or only slightly modifying the properties of the cell or cell surface. The methods to identify apoptosis-modulating substances can exactly predict the ability of these substances to penetrate the cellular membrane and take into account cellular receptors and other cofactors 10 influencing apoptosis in living cells. Therefore the risk of false-positive or false-negative identification of apoptosis-modulating substances is significantly lower than that of the prior art methods and it is possible to identify cell-type or organo-specific modulators of apoptosis. Additionally, the assays of the present invention do not require the use of specific cell-permeable fluorescent 15 reagents.

The present invention will become better understood and other aspects, advantages and objectives of the present invention will become apparent from the following description taken in close conjunction with the accompanying 20 Figures. These are for illustration only, and thus are not to be considered as limiting the present invention. Changes and modifications within the spirit and scope of the invention will become apparent to those skilled in the art from the description and the Figures, with the scope of the invention being indicated by the claims.

25

The invention relates to a method of detection of apoptosis by determining apoptosis-specific markers, characterized in that presence, amount, or activity of markers released from at least one cell undergoing apoptosis into an extracellular medium through cellular release mechanisms is determined.

30

In the present invention the term "cellular release mechanisms" includes all active and passive release mechanisms known to the person skilled in the art

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to be typical release mechanisms of cells. Examples include diffusion through the cell membrane, exocytosis, or the active or passive escape of apoptosis-specific markers through channels, megachannels, or pores. Combinations of these mechanisms are also possible.

5

Preferably the amount, or activity of apoptosis-specific markers is determined. More preferably the amount of apoptosis-specific markers is determined. Combinations of the parameters presence, amount, or activity of apoptosis-specific markers can also be determined.

10

For detection of apoptosis presence, amount, or activity of apoptosis-specific markers is preferably determined as a function of time.

15

Examples of apoptosis-specific markers according to the present invention include all apoptosis-specific markers which are known or will be known to the person skilled in the art. It might be preferred that the apoptosis-specific marker to be determined is cytochrome c, or a caspase. More preferably the apoptosis-specific marker is cytochrome c.

20

It might be further preferred to determine the presence, or the amount of cytochrome c, or the presence, or the amount of a caspase, or caspase-like proteolytic activity. More preferably the amount of cytochrome c is determined.

25

In another preferred embodiment the extracellular medium is a body fluid, in particular urine, inflammatory fluid, serum or liquor, or cell culture medium.

In another preferred embodiment a sample of urine, inflammatory fluid, serum, liquor, or cells for preparing a cell culture sample is taken from humans

30

or animals.

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Examples for the animals used in the invention include non-human mammals, in particular rats, mice, rabbits, cows, horses, sheeps, dogs and cats, and non-mammals, in particular birds, reptiles and fish.

- 5 The samples of urine, inflammatory fluid, serum, liquor, or cells for preparing a cell culture sample can be taken from humans or animals using any method known to the person skilled in the art to be suitable for taking samples of the above-identified types from humans or animals.
- 10 Liquor includes all cerebrospinal fluids known to the person skilled in the art taken from the brain or the spinal cord.

The cell culture medium of the present invention can be any cell culture medium known to the person skilled in the art to be suitable for growing human and animal cells. Preferably, RPMI-1640 cell culture medium, DMEM, MEM or Grace's insect medium is used. Combinations of these culture media can also be applied but preferably only one single medium is used. All media additionally may comprise heat-inactivated serum, in particular fetal calf serum, new-borne calf serum, horse serum, sheep serum, antibiotics and typical medium additives known to the skilled person.

It might be preferred that apoptosis is established through comparing presence, amount, or activity of apoptosis-specific markers in at least one sample analysed with at least one reference.

- 25 In accordance with another preferred embodiment of the present invention apoptosis is established through comparing the amount of cytochrome c in at least one sample analysed with at least one reference.
- 30 The number of samples and references is variable and depends on the specific experimental conditions. In case of several samples and references every

known statistical analysis method can be applied to the data obtained from the analysis of the samples and/or the references, e.g. averaging.

In the case of examining body fluid the reference is preferably a standard amount or a determined amount of cytochrome c released into a corresponding body fluid of healthy control subjects or control subjects with apoptosis or necrosis through cellular release mechanisms, or in the case of examining cell culture medium the reference is preferably a standard amount or a determined amount of cytochrome c released into a cell culture medium of cells not undergoing cell death, apoptotic or necrotic cells through cellular release mechanisms, preferably cells of the same cell-type as those of the sample analysed.

In the case of examining body fluid the term "standard amount" includes all amounts known to the person skilled in the art to be typical for the corresponding body fluid of healthy control subjects, or control subjects with apoptosis or necrosis. Additionally, in the case of examining cell culture medium the term "standard amount" includes all amounts known to the person skilled in the art to be typical for cell culture media of cells not undergoing cell death, apoptotic or necrotic cells. The standard amounts of the references are preferably those for similar or identical experimental conditions as used for sample analysis. More preferably the experimental conditions are identical.

In the case of examining body fluid the term "determined amount" indicates that the amount of cytochrome c in the reference is determined experimentally in the corresponding body fluid of healthy control subjects, or control subjects with apoptosis or necrosis. In the case of cell culture medium the term "determined amount" indicates that the amount of cytochrome c in the cell culture medium of the reference is determined experimentally in the cell culture medium of cells not undergoing cell death, apoptotic or necrotic cells. The determination of the references can be performed prior to, parallel to, or

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after the sample to be analysed. The determination preferably takes place under similar or identical experimental conditions as used for sample analysis. More preferably the experimental conditions are identical.

5 When examining cell culture medium samples the reference can also be determined through adding a defined amount of a cytochrome c standard to another cell culture medium. This cell culture medium can be of any type known to the person skilled in the art to be a suitable cell culture medium. Preferably the cell culture medium of the reference is similar or identical, more
10 preferably identical, to the cell culture medium of the sample.

In one preferred embodiment, apoptosis is established in the case that the amount of cytochrome c in the sample analysed is similar or equal to the reference, wherein the reference is the amount of cytochrome c in the cell
15 culture medium of apoptotic cells or in the corresponding body fluid of control subjects with apoptosis.

In another preferred embodiment of the present invention, apoptosis is established in the case that the amount of cytochrome c in the sample analysed is larger than the reference, wherein the reference is the amount of cytochrome c in the cell culture medium of cells not undergoing cell death or in the corresponding body fluid of healthy control subjects.
20

In still another preferred embodiment apoptosis is established in the case that the amount of cytochrome c in the sample analysed is larger than the reference, wherein the reference is the amount of cytochrome c in the cell culture medium of necrotic cells or in the corresponding body fluid of control subjects with necrosis.
25

30 The detection of apoptosis through the determination of apoptosis-specific markers other than cytochrome c can be performed with similar or identical procedures as described above.

In another preferred embodiment of the present invention the method is used for the diagnosis and/or for therapy control of diseases and/or processes associated with increased apoptosis, including AIDS; neurodegenerative disorders, in particular Alzheimer's disease, Parkinson's disease, amyotrophic lateral sclerosis, retinitis pigmentosa, spinal muscular atrophy, cerebellar degeneration; myelodysplastic syndromes, in particular aplastic anemia; ischemic injury, in particular myocardial infarction, stroke, reperfusion injury; toxin-induced liver disease through alcohol abuse, or abuse of other substances; diseases with an inappropriate level of production or secretion of hormones, in particular hyperthyroidism; diseases characterized by inappropriate bone metabolism; metabolic diseases; degenerative processes associated with injury or surgery; and degenerative processes due the hormonal cycle in females, including women.

For diagnosis and/or therapy control of diseases and/or processes associated with increased apoptosis presence, amount, or activity of apoptosis-specific markers is preferably determined as a function of time. Additionally, presence, amount, or activity of apoptosis-specific-markers can be determined prior to the start of the therapy to be used as reference. Preferably determination of the amount of cytochrome c is used for diagnosis and/or therapy control.

It might be further preferred, that the method is used for therapy control of diseases associated with decreased apoptosis, including malignant and benign hyperproliferative diseases, in particular lymphomas, carcinomas, sarcomas, other tumors, or leukemias; autoimmune disorders, in particular systemic lupus erythematosus, rheumatoid arthritis, psoriasis, inflammatory bowel disease, or autoimmune diabetes mellitus; and viral infections, in particular those of retroviruses, herpesviruses, poxviruses or adenoviruses.

For therapy control of diseases associated with decreased apoptosis presence, amount, or activity of apoptosis-specific markers is preferably determined as a

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function of time. Additionally, presence, amount, or activity of apoptosis-specific-markers can be determined prior to the start of the therapy to be used as reference. Preferably determination of the amount of cytochrome c is used for therapy control.

5

According to another preferred embodiment of the invention, the method is used for therapy control of malignant and benign hyperproliferative diseases in the course of chemotherapy, radiotherapy, immunotherapy, surgery or any combination of these therapies.

10

Examples of the methods used for the therapy of malignant and benign hyperproliferative diseases include all types of chemotherapy, radiotherapy, immunotherapy, surgery or any combination of these therapies, known to a skilled person. In the present invention chemotherapy includes single drug and 15 multidrug therapy, preferably multidrug therapy.

Presence, amount, or activity of apoptosis-specific markers can be determined by any method known to the skilled person to be suitable.

20

Examples for methods to determine apoptosis-specific markers, in particular cytochrome c, include enzyme-linked immunosorbent assays (ELISA), e.g. in combination with chromogeneous, fluorescent, phosphorescent, or 25 chemoluminescent markers (substrates); homogeneous fluorescence assays; szintillation-proximity assays, surface plasmon resonance assays; electrochemoluminescence assays, sandwich-immuno-assays, assays based on binding to beads in flow cytometers, or assays based on lifetime determination of antibody binding.

30

The determination of apoptosis-specific markers, in particular cytochrome c, can e.g. be accomplished using labelled markers, preferably labelled antibodies

or peptides (e.g. antibody fragments) derived thereof. Examples of possible markers include markers with radioactive, fluorescent, phosphorescent or chemoluminescent properties. Preferably the markers show fluorescent properties.

5

To detect the fluorescence radiation emitted by the fluorescent markers, all known fluorescence detection techniques known to the skilled person can be applied. Examples include methods basing e.g. on near field spectroscopy, photon distribution analysis, in particular FIDA and 2-D-FIDA, FRET, 10 fluorescence lifetime and fluorescence polarization analysis. The analysis of the data is preferably performed using autocorrelation and/or cross-correlation methods.

15 It might be further preferred to use confocal spectroscopy for the determination of apoptosis-specific markers, in particular in combination with surface-based and/or bead-based assay systems.

20 In particular, the released caspases can be detected by any method known to the skilled person. Preferably they are detected by immunoprecipitation, an enzyme-linked immunosorbent assay (ELISA), or by detection of caspase-like enzymatic activity. Any method known to the person skilled in the art to be suitable can be used for the detection of the enzymatic activity. Preferred methods are those based on the detection of cleavage of substrates. The substrate can be any substrate suitable for the detection of caspase-like 25 activity by change of fluorescence intensity (or spectrum), absorption spectrum, in a radioactive assay, by Western blot, or any other antibody based detection method.

30 Specifically, the presence and/or amount of cytochrome c can be determined using any method known to the person skilled in the art to be suitable for the determination of cytochrome c, preferably using an immunoassay, more preferably using immunoprecipitation and immunoblot or an enzyme-linked

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immunosorbent assay (ELISA). Preferably the amount of cytochrome c is determined using the above-identified methods.

5 In immunoprecipitation and immunoblots the amount of cytochrome c is preferably determined by visual inspection of the intensities, determination of diameters and/or heights or densitometric scanning of the bands in immunoblots. Combinations of these methods can also be applied.

10 For immunoprecipitation and immunoblot any anti-cytochrome c antibody known to the person skilled in the art to be suitable for cytochrome c can be used. Examples of suitable anti-cytochrome c antibodies for immunoprecipitation and immunoblot include murine mAb 6H2.B4 and mAb 7H8.2C12. Preferably anti-cytochrome c mAb 6H2.B4 is used in the present invention for immunoprecipitation and mAb 7H8.2C12 for immunoblot.

15 Detection of antibodies specifically interacting with cytochrome c can be performed with any suitable secondary antibody, or any other detecting reagent, including radioactively labelled protein A, protein G and streptavidin-conjugated to horseradish peroxidase. The preferred secondary antibody used 20 for incubation is anti-mouse horseradish peroxidase-conjugated secondary antibody.

25 Blots can be developed by applying any reagent known to the person skilled in the art to be suitable. Enhanced chemoluminescence reagents (ECR) are preferably used for development.

30 Additionally, it might be further to use imaging techniques, like e.g. nuclear magnetic resonance or roentgen radiation based imaging techniques, in particular computer tomography, for the determination and/or localisation of apoptosis-specific markers, in particular cytochrome c, and/or their complexes with specific antibodies in humans or animals.

Therefore, a method for detecting sites of apoptosis in humans or animals, might be preferred, comprising the steps of:

- preparing labelled antibodies and/or fragments thereof, wherein said antibodies and/or fragments are labelled with a medically acceptable label and are immunoactive with apoptosis-specific markers, in particular cytochrome c;
- administering a safe and effective amount of said labelled antibodies and/or fragments thereof to said humans or animals, and
- detecting the amount or presence of the immune complexes formed between said antibodies and/or fragments thereof and the apoptosis-specific markers, in particular cytochrome c, in said humans or animals, wherein the amount or presence of said immune complexes in said humans or animals is correlated with sites of apoptosis in said humans or animals

15 The antibody used in the above-identified method using imaging systems is preferably a monoclonal antibody.

The present invention also relates to a method for the identification of apoptosis-modulating substances, wherein the method comprises the following steps: a) providing at least one cell culture sample to be analysed; b) contacting said at least one cell culture sample with one putative apoptosis-modulating substance or mixtures of at least two of such substances to be identified; and c) identifying apoptosis-modulating properties through comparing presence, amount, or activity of apoptosis-specific markers in said at least one sample with at least one reference, characterized in that apoptosis-specific markers released from said at least one cell culture sample into the extracellular cell culture medium through cellular release mechanisms are determined.

30 Preferably the amount, or activity of apoptosis-specific markers is determined. More preferably the amount of the apoptosis-specific markers is determined.

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Combinations of the parameters presence, amount, or activity of apoptosis-specific markers can be determined.

Examples of apoptosis-specific markers according to the present invention 5 include all apoptosis-specific markers which are known or will be known to the person skilled in the art. It might be preferred that the apoptosis-specific marker to be determined is cytochrome c, or a caspase. More preferably the apoptosis-specific marker is cytochrome c.

10 It might be further preferred to determine the presence, or the amount of cytochrome c, or the presence, or the amount of a caspase, or caspase-like proteolytic activity. More preferably the amount of cytochrome c is determined.

15 This means that it might be especially preferred for the method for the identification of apoptosis-modulating substances that the amount of cytochrome c as the apoptosis-specific marker is determined.

For the assay to identify apoptosis-modulating substances according to the 20 present invention any cells known to the skilled person to be suitable for preparing cell culture samples can be used. The cells applied for the preparation of the cell culture samples can be derived from single-cell organisms, humans or animals. Preferably the cells used are taken from humans or animals. Examples for the animals used in the invention include 25 non-human mammals, in particular rats, mice, rabbits, cows, horses, sheeps, dogs and cats, and non-mammals, in particular birds, reptiles and fish.

One putative apoptosis-modulating substance or mixtures of at least two of such substances can be contacted with the cell culture samples. Preferably one 30 single substance with putative apoptosis-modulating properties is used. In the case that apoptosis-modulating properties are established for a mixture of

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putative apoptosis-modulating substances, the substances of this mixture are additionally re-examined individually one by one.

5 The putative apoptosis-modulating substances can be contacted with the cell culture samples in any form known to the skilled person to be suitable for contacting cell culture samples with test substances. Substances are preferably added as solid substances, solutions of solid substances, or fluids. Combinations thereof can also be applied.

10 In the case that the amount of cytochrome c is determined it might be preferred that the reference used in the method for the identification of apoptosis-modulating substances is the amount of cytochrome c released into the cell culture medium of a reference sample through cellular release mechanisms, wherein the reference sample is a cell culture sample of the 15 same cell-type as the sample to be analysed.

20 In another preferred embodiment apoptosis-enhancing properties of one substance or mixtures of at least two of such substances are established in the case that the amount of cytochrome c released from the cell culture sample analysed is larger than the reference, wherein the reference is the amount of cytochrome c released into the cell culture medium of a reference sample obtained from a cell culture sample in the absence of the apoptosis-modulating substances.

25 The determination of the references can be performed prior to, parallel to, or after the sample analysis. References are preferably determined under similar or identical experimental conditions as used for sample analysis. More preferably the experimental conditions are identical.

30 In still another preferred embodiment, apoptosis-inhibiting properties of one substance or mixtures of at least two of such substances are established in the case that the amount of cytochrome c released from the cell culture sample

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analysed is smaller than the reference, wherein: i) the sample analysed is containing one known apoptosis-enhancing substance or mixtures of at least two of such substances additionally to the apoptosis-modulating substances to be identified, and ii) wherein the reference is the amount of cytochrome c

5 released into the cell culture medium of a reference sample obtained from a cell culture sample containing the same apoptosis-enhancing substances as the sample analysed but in the absence of the apoptosis-modulating substances.

10 For identifying apoptosis-inhibiting properties, the determination of the references can be performed prior to, parallel to, or after the sample analysis. The references are preferably determined under similar or identical experimental conditions as used for sample analysis. More preferably the experimental conditions are identical. It might be especially preferred that the

15 time periods between the addition of the known apoptosis-enhancing substance or mixtures of at least two of such substances to the sample to be analysed and the reference sample, and analysis of the samples to be analysed and the references are similar or equal. More preferably the time periods are equal.

20 It might be further preferred, that no apoptosis-modulating properties of one substance or mixtures of at least two of such substances are established in the case that the amount of cytochrome c released from the cell culture sample analysed is similar or equal to the reference, wherein the reference is the

25 amount of cytochrome c released into the cell culture medium of a reference sample obtained from a cell culture sample in the absence of the apoptosis-modulating substances.

As described above, the determination of the references can be performed

30 prior to, parallel to, or after the sample analysis. References are preferably determined under similar or identical experimental conditions as used for sample analysis. More preferably the experimental conditions are identical.

In another preferred embodiment of the invention the above-identified method for the identification of apoptosis-modulating substances is used for the determination of the sensitivity of cells to known apoptosis-enhancing (death-inducing), or apoptosis-inhibiting agents for optimization of therapy of diseases and/or processes associated with apoptosis. More preferably death-inducing agents are applied in the sensitivity tests.

Similar methods as described for the identification of apoptosis-modulating substances by determining the amount of extracellular cytochrome c can be used in methods for the identification of apoptosis-modulating substances basing on presence, amount, or activity of other apoptosis-specific markers.

Presence, amount, or activity of apoptosis-specific markers can be determined by any method known to the skilled person to be suitable.

A more detailed list of examples has been given above.

In particular, the released caspases can be detected by any method known to the skilled person. Preferably they are detected by immunoprecipitation, an enzyme-linked immunosorbent assay (ELISA), or by detection of caspase-like enzymatic activity. Any method known to the person skilled in the art to be suitable can be used for the detection of the enzymatic activity. Preferred methods are those based on the detection of cleavage of substrates. The substrate can be any substrate suitable for the detection of caspase-like activity by change of fluorescence intensity (or spectrum), absorption spectrum, in a radioactive assay, by Western blot, or any other antibody based detection method.

Especially, in the method for identifying apoptosis-modulating substances according to the present invention, cytochrome c can be determined by any method known to the person skilled in the art. Cytochrome c is preferably

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determined using an immunoassay, more preferably using immunoprecipitation and immunoblot, or an enzyme-linked immunosorbent assay (ELISA). Details for the immunoprecipitation and immunoblot to determine cytochrome c are given above.

5

It might be further preferred to use confocal spectroscopy for the determination of apoptosis-specific markers, in particular in combination with surface-based or bead-based assay systems.

10 The present invention also relates to a use of an apoptosis detection kit for determining presence, amount, or activity of apoptosis-specific markers released into an extracellular medium through cellular release mechanisms in a sample to be analysed, wherein the kit comprises a) reagents for the determination of apoptosis-specific markers; and b) instructions for the

15 determination of presence, amount, or activity of the apoptosis-specific markers.

Additionally, containers to receive the samples to be analysed or cells for preparing cell culture samples might be included into the kit. The containers 20 may have any form known to the person skilled in the art. Suitable containers to be used in the apoptosis detection kit include for example bottles, vials, and test tubes. The containers may be formed from a large variety of materials known in the art. Examples of materials used for the production of containers include glass or polymer-based material.

25

The reagents used in the kit may comprise any reagents known to the person skilled in the art to be useful for the determination of presence, amount, or activity of apoptosis-specific markers.

30 The instructions to carry out the method of the present invention can be incorporated into the kit in any tangible form known to the person skilled in

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the art to be useful for detection kits, in particular in the form of written documents, drawings, CD ROMs or any combination thereof.

Preferably the amount, or activity of apoptosis-specific markers is determined
5 with the kit. More preferably the amount of the apoptosis-specific markers is determined.

Combinations of the parameters presence, amount, or activity of apoptosis-specific markers can be determined.

10 Examples of apoptosis-specific markers according to the present invention include all apoptosis-specific markers which are known or will be known to the person skilled in the art. It might be preferred that the apoptosis-specific marker to be determined is cytochrome c, or a caspase. More preferably the 15 apoptosis-specific marker is cytochrome c.

It might be further preferred to determine the presence, or the amount of cytochrome c, or the presence, or the amount of a caspase, or caspase-like proteolytic activity. More preferably the amount of cytochrome c is
20 determined.

This means that it might be especially preferred that the amount of cytochrome c as apoptosis-specific marker is determined.

25 In still another preferred embodiment a sample to be analysed with the kit is a body fluid, in particular urine, inflammatory fluid, serum or liquor, or cell culture medium. It might be further preferred that the sample of urine, inflammatory fluid, serum, liquor, or cells for preparing a cell culture sample is taken from humans or animals.

30

The apoptosis-specific markers can be determined by any method known to the skilled person to be suitable to determine presence, amount, or activity of these markers. Details are given above.

5 In particular, the released caspases can be detected by any method known to the skilled person. Preferably they are detected by immunoprecipitation, an enzyme-linked immunosorbent assay (ELISA), or by detection of caspase-like enzymatic activity. Any method known to the person skilled in the art to be suitable can be used for the detection of the enzymatic activity. Preferred 10 methods are those based on the detection of cleavage of substrates. The substrate can be any substrate suitable for the detection of caspase-like activity by change of fluorescence intensity (or spectrum), absorption spectrum, in a radioactive assay, by Western blot, or any other antibody based detection method.

15 Especially, cytochrome c can be determined by any method known to the person skilled in the art to be suitable for the determination of cytochrome c. It might be preferred that cytochrome c is determined using an immunoassay, more preferably using immunoprecipitation and immunoblot or an enzyme-linked immunosorbent assay (ELISA). Details for the immunoprecipitation and immunoblot to determine cytochrome c are given above.

20 It might be further preferred to use confocal spectroscopy for the determination of apoptosis-specific markers, in particular in combination with 25 surface-based or bead-based assay systems.

When determining cytochrome c with the kit, the reagents supplied with the kit 30 preferably comprise antibodies for the immunoprecipitation of cytochrome c, washing buffer, anti-cytochrome c antibody for immunoblotting, secondary antibody for incubating the blots, reagents for enhanced chemoluminescence detection of cytochrome c and other typical reagents known to the person

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skilled in the art. Also included might be labelled markers, preferably fluorescent markers, such as labelled antibodies or fragments thereof.

5 Cytochrome c and/or peptides derived thereof, can be used as a medicament or in pharmaceutical compositions. Cytochrome c and/or peptides derived thereof, can additionally be used for the preparation of a pharmaceutical composition for the treatment of diseases with inflammatory manifestation. In addition, the pharmaceutical compositions optionally comprise a pharmaceutically acceptable carrier, and other pharmaceutically acceptable 10 additives.

Cytochrome c might also be involved in the recognition of apoptotic cells by phagocytes.

15 Fig. 1 (A) shows the extracellular release of cytochrome c after treatment of Jurkat cells with various apoptotic stimuli in comparison to the amount of cytochrome c detected in the remaining cellular extracts (c) of the treated cells.

20 Fig. 1 (B) shows that cytochrome c is released from the cells into the cell culture medium as a soluble protein.

Fig. 1 (C) shows the dose-dependency of the extracellular release of 25 cytochrome c after treatment of Jurkat cells with various apoptotic stimuli. The quantity of cytochrome c was determined by densitometric analysis. The graphs display the amount of cytochrome c in the culture medium relative to the total amount of cytochrome c present in medium and cells.

30 Fig. 2 (A) shows the time-dependency of the release of extracellular cytochrome c and LDH activity in the supernatant.

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Fig. 2 (B) shows the assessment of apoptosis induction and progression through the measurement of hypodiploid DNA-formation by flow cytometry. The percentage of apoptotic hypodiploid cells is shown on the right of the histograms.

5

Fig. 2 (C) shows the relative kinetics of the extracellular release of cytochrome c and LDH activity.

10 Fig. 3 (A) shows the cytochrome c release into the extracellular medium of apoptotic cells in comparison to untreated or necrotic cells. Also shown is the detection of cell death by PI (propidium iodide) uptake and of apoptosis by detecting hypodiploid nuclei, both by flow cytometry. The percentage of dead cells or apoptotic hypodiploid cells is shown on the right of the histograms.

15 Fig. 3 (B) shows the extracellular release of cytochrome c of apoptotic cells in comparison to untreated or necrotic cells using a different necrosis inducing substance than in 3 (A). Also shown is the detection of cell death by PI (propidium iodide) uptake and of apoptosis by detecting hypodiploid nuclei, both by flow cytometry. The percentage of dead cells or apoptotic hypodiploid cells is shown on the right of the histograms.

20 Fig. 4 shows the cytochrome c release into the serum of a patient with acute myeloid leukemia (AML patient) upon chemotherapy in comparison to the amount of serum-cytochrome c of a healthy control subject (control). As a positive control the amount of cytochrome c in total cell extracts from peripheral blood mononuclear cells (PBMC) of a healthy control is shown.

Fig. 5 shows the time-dependency of the cytochrome c release into the serum of chemotherapy-treated patients (Table 1).

30

Fig. 1 (A) shows the extracellular release of cytochrome c after treatment of Jurkat cells with various apoptotic stimuli in comparison to the amount of

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cytochrome c detected in the remaining cellular extracts (c) of the treated cells. 5×10^6 Jurkat cells were cultured in growth medium and either left untreated (control) or stimulated for 16 h with staurosporine (stauro, 2,5 μ M), anti-CD95 mAb (α -CD95, 1 μ g/ml), etoposide (etopo, 25 μ g/ml) or doxorubicin (doxo, 2 μ g/ml). Cytochrome c was precipitated from the cell culture medium (m) and the cellular extracts (c) with antibodies against the native molecule. The immunoprecipitated material was separated by SDS-PAGE and analysed by immunoblotting. Open arrowheads indicate heavy chain and light chain of anti-cytochrome c antibody; closed arrowhead indicates cytochrome c. As shown in Fig. 1 (A) large amounts of cytochrome c are found in the cell culture medium of Jurkat T-cells upon apoptosis induction by the protein kinase inhibitor staurosporine, agonistic anti-CD95 antibody and the anticancer drugs etoposide and doxorubicin. For intercomparison, the corresponding cellular fractions are also shown in Fig. 1 (A). It can be seen that the apoptotic event is accompanied by a decrease of cytochrome c in the corresponding cellular fractions.

Fig. 1 (B) shows that cytochrome c is released from the cells into the cell culture medium as a soluble protein. Supernatants of Jurkat cells treated for 16 h with staurosporine (stauro, 2,5 μ M) were centrifuged for a period of 30 min at 10 000 g or 100 000 g and immunoblotted as described above to determine cytochrome c (+). For intercomparison cell culture samples not treated with staurosporine (stauro) (-) are also shown. Cytochrome c was not recovered in the pellets but was found to be still present in the supernatants, indicating that it was not associated with apoptotic bodies or other membrane fractions and was indeed released as a soluble protein.

Fig. 1 (C) shows the dose-dependency of the extracellular release of cytochrome c after treatment of Jurkat cells with various apoptotic stimuli. 5×10^6 Jurkat cells were cultured in growth medium and stimulated for 15 h with the indicated concentrations of anti-CD95 mAb and staurosporine or for 24 h with the indicated concentrations of etoposide or doxorubicin. Cytochrome c

was precipitated from the culture medium (m) and the cellular extracts (c) with antibodies against the native molecule. The immunoprecipitated material was separated by SDS-PAGE and analysed by immunoblotting. The quantity of cytochrome c was determined by densitometric analysis. The graphs display 5 the amount of cytochrome c in the culture medium relative to the total amount of cytochrome c present in medium and cells. The extracellular release of cytochrome c in response to the pro-apoptotic agents is dose-dependent. The amount of cytochrome c released correlates strongly with the induction of apoptosis in Jurkat cells. Similar results (not shown) can be obtained for 10 murine L929 cells.

Fig. 2 (A) shows the time-dependency of the release of extracellular cytochrome c and LDH activity in the supernatant. 1×10^6 Jurkat cells were 15 incubated with medium or staurosporine (stauro, 2,5 μ M) and harvested after the indicated time points (+). A cell culture sample prior to applying staurosporine and a cell culture sample after 15 h without the addition of staurosporine are shown for intercomparison (-). Release of cytochrome c was determined by immunoprecipitation of the medium fractions and subsequent immunoblotting. Heavy and light chain of anti-cytochrome c antibody and 20 cytochrome c are indicated by open and closed arrowheads, respectively. The LDH activity in the supernatant of apoptotic cells represents the percentage of total LDH activity in the sample. The amounts of cytochrome c in the supernatants indicate the absolute densitometric values. The release of cytochrome c from the cell is a rapid process. Already one hour after apoptosis 25 induction with staurosporine cytochrome c could be detected in the extracellular medium. The parallel measurement of the LDH activity indicated that the release of LDH into supernatants of apoptotic cells occurred much later and was less pronounced than the cytochrome c release. Only about 20 % of the total LDH were detected in the supernatants of apoptotic cells after 30 15 hours of staurosporine treatment.

Fig. 2 (B) shows the assessment of apoptosis induction and progression through the measurement of hypodiploid DNA-formation by flow cytometry. The percentage of apoptotic hypodiploid cells is shown on the right of the histograms. The standard deviations of the percentage values were not higher than 9 %. 5 1×10^6 Jurkat cells were incubated with medium or staurosporine (stauro, 2,5 μ M) and harvested after the indicated time points. As shown in Fig. 2 (B), formation of hypodiploid nuclei was not observed until 5 h after triggering apoptosis. Therefore, the release of cytochrome c as indicated in Fig. 2 (A) is detectable at a much earlier stage of apoptosis than the formation 10 of hypodiploid cells and the extracellular release of cytochrome c can be regarded as an early and sensitive indicator for apoptosis.

Fig. 2 (C) shows the relative kinetics of the extracellular release of cytochrome c and LDH activity. To visualize the relative quantities of cytochrome c and 15 LDH activity in the culture medium, the absolute densitometric values of cytochrome c and the percentage of released LDH from Fig. 2 (A) were devided by the control values ($t = 0$ h). A comparison of both events showed that the extracellular release of cytochrome c was stronger and occurred much earlier than the release of LDH.

20 The ratio of the amount of cytochrome c and the LDH activity in the extracellular medium is useful as therapy control, e.g. during chemotherapy. In a preferred embodiment the determined ratio is used for optimal adjustment of the chemotherapy doses applied to the patients. 25 Chemotherapeutics in very high doses cause necrosis, whereas in therapeutic doses they induce apoptosis.

Fig. 3 (A) shows the cytochrome c release into the extracellular medium of apoptotic cells in comparison to untreated or necrotic cells. Also shown is the 30 detection of cell death by PI (propidium iodide) uptake and of apoptosis by detecting hypodiploid nuclei, both by flow cytometry. The percentage of dead cells or apoptotic hypodiploid cells is shown on the right of the histograms. 3 x

10⁶ L929 cells were incubated with medium or with TNF- α (10 ng/ml) plus actinomycin D (Act. D, 1 μ g/ml) in the absence or presence of the caspase inhibitor zVAD-fmk (benzyloxycarbonyl-Val-Ala-Asp-fluoromethylketone, zVAD, 100 μ M) for 8 h. The release of cytochrome c was determined by 5 immunoprecipitation of culture medium (m) and for intercomparison of corresponding cellular extracts (c) and subsequent immunoblotting. Heavy and light chain of the anti-cytochrome c antibody and cytochrome c are indicated by open and closed arrowheads, respectively. As also shown, cell death was detected by PI (propidium iodide) uptake and apoptosis by detecting 10 hypodiploid nuclei, both by flow cytometry. The standard deviations of the percentage values were not higher than 7%. The stimulation of L929 cells with TNF- α plus actinomycin D induces apoptosis, whereas the same stimuli in presence of the broad-spectrum caspase inhibitor zVAD-fmk induce necrosis (Vercammen, D., R. Beyaert, G. Denecker, V. Goossens, G. Van Loo, W. 15 Declercq, J. Grooten, W. Fiers, and P. Vandenebeeck, 1998. Inhibition of caspases increases the sensitivity of L929 cells to necrosis mediated by tumor necrosis factor. *J. Exp. Med.* 187:1477-1485). Concomitant measurement of the DNA content and propidium iodide uptake confirmed these data. In the absence of zVAD-fmk, the cells underwent apoptosis indicated by the 20 formation of hypodiploid nuclei. In contrast, blocking the apoptotic pathway through caspase inhibition by zVAD-fmk resulted in necrosis, as shown by the increased uptake of propidium iodide in the absence of degraded DNA. Extracellular cytochrome c release was only observed upon apoptotic not during necrotic cell death.

25 Fig. 3 (B) shows the extracellular release of cytochrome c of apoptotic cells in comparison to untreated or necrotic cells using a different necrosis inducing substance than in 3 (A). Also shown is the detection of cell death by PI (propidium iodide) uptake and of apoptosis by detecting hypodiploid nuclei, 30 both by flow cytometry. The percentage of dead cells or apoptotic hypodiploid cells is shown on the right of the histograms. 1 \times 10⁶ cells were cultured in normal growth medium (control), or in the presence of staurosporine (stauro,

2,5 μ M) or the indicated concentrations of H_2O_2 for 18 h. The release of cytochrome c was determined by immunoprecipitation of culture medium (m) and for intercomparison of corresponding cellular extracts (c) and subsequent immunoblotting. Heavy and light chain of the anti-cytochrome c antibody and cytochrome c are indicated by open and closed arrowheads, respectively. As also shown, cell death was detected by PI (propidium iodide) uptake and apoptosis by detecting hypodiploid nuclei, both by flow cytometry. The standard deviations of the percentage values were not higher than 10%. Treatment of Jurkat T-cells with 100 μ M and 250 μ M hydrogen peroxide induced necrotic death, as confirmed by PI uptake in the absence of hypodiploid nuclei formation. Similarly to the first approach (Fig. 3 (A)), no cytochrome c release into the extracellular cell culture medium was observed upon necrotic cell death.

Fig. 4 shows the cytochrome c release into the serum of a patient with acute myeloid leukemia (AML patient) upon chemotherapy in comparison to the amount of serum-cytochrome c of a healthy control subject (control). As a positive control the amount of cytochrome c in total cell extracts from peripheral blood mononuclear cells (PBMC) of a healthy control is shown. Sera (4 ml) obtained from a healthy donor (control) and from a patient with acute myeloid leukemia (AML patient) before and during the chemotherapy were precleared from residual immunoglobulins with protein G. Cytochrome c was immunoprecipitated and subsequently detected by Western blotting. The first day of chemotherapy was considered as day 0; at day 0 the serum was withdrawn after the end of a 12 h infusion with chemotherapeutic drugs. As a positive control total cell extracts from 10^6 PBMC of a healthy control were used. Heavy and light chain of anti-cytochrome c antibody and cytochrome c are indicated by open and closed arrowheads, respectively. Human sera from six oncologic patients receiving combined chemotherapy were screened. Fig. 4 shows the results of one representative patient. The sera from all six patients with various hematological malignancies and different chemotherapy protocols contained elevated amounts of cytochrome c, when compared to healthy

controls. Already a few hours after the onset of chemotherapy with a combination of cytarabine, daunorubicin and thioguanin the amounts in the serum increased dramatically. The chemotherapy reduced the number of white blood cells from 19 800 per μ l at day zero to 1200 per μ l at day eight, and 5 consequently serum amount of cytochrome c decreased between day six and eight. Comparable results were obtained with serum samples of the other five patients. The slightly elevated basal amount of cytochrome c in the serum of patients as compared to healthy controls may indicate an increased cell turnover in these persons.

10

Fig. 5 shows the time-dependency of the cytochrome c release into the serum of chemotherapy-treated patients (Table 1). Sera (3 ml) obtained from different patients as indicated in Table 1 before and during chemotherapy were precleared from residual immunoglobulins with protein G. Cytochrome c was 15 immunoprecipitated and detected by Western blotting. A sample from a healthy control was incorporated into each Western Blot and was used as an internal standard to normalize the data from the different patients. The amount of cytochrome c in the sera samples were quantified by densitometric analysis and calculated as the ratio relative to the value of the control, which 20 was set to 1. Day 0 indicates a sample taken prior to the start of the therapy. The first day of chemotherapy was considered as day 1. At day 1 the serum was withdrawn 8-12 h after the start of the infusion with chemotherapeutic drugs. Healthy control subjects showed only low detectable levels of serum cytochrome c. The gray horizontal bar indicates the range of measured serum 25 cytochrome c in the controls. The top panel of the graph shows a Western blot of a representative patient. The symbol in the upper left corner of the Western blot indicates the corresponding densitometric analysis. The serum levels of the 8 patients revealed serum cytochrome c increase in the course of chemotherapy, although the kinetic and the extent of increase was variable 30 from patient to patient. The increase of cytochrome c in the serum could be observed already a few hours after the onset of the chemotherapy. The

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amount of extracellular cytochrome decreased again in the later stages of chemotherapy, reaching levels similar to those of the healthy controls.

For the determination of the relative ratio of the amount of cytochrome c in

5 the sera of the patients and the controls, several other methods can also be applied. E.g. the control can represent the average value of several separate control samples, or a mixture of several control samples, for which one value is determined.

10 As indicated by the presented data (Figs. 1 to 5) the method of detection of cytochrome c in the extracellular medium according to the present invention is a more simple, more efficient, high-speed, high-throughput methodology for effectively detecting early apoptosis without destruction of the cells.

15 Materials and cell culture

The human Jurkat T-cell line and mouse L929 fibroblasts were grown at 37°C, 5% CO₂, in RPMI-1640 medium supplemented with 10% heat-inactivated fetal calf serum, penicillin and streptomycin (all from GIBCO BRL). Etoposide, 20 actinomycin D and doxorubicin were purchased from Sigma and staurosporine from Roche Diagnostics. All stimuli were dissolved in ethanol and kept at -70°C. An agonistic anti-CD95 mAb was obtained from BioCheck and TNF- α from the laboratory of Dr. W. Fiers (Ghent, Belgium). The broad-range caspase inhibitor benzyloxycarbonyl-Val-Ala-Asp-fluoromethylketone (zVAD-fmk) was purchased from Enzyme Systems (Dublin, CA); all other chemicals 25 were from Merck KG or Roth GmbH.

Serum sample processing

30 To obtain the data shown in Fig. 4, sera (4 ml per person) from six patients (five males, one female, age 20-48) with hematological malignant diseases were analysed. Three patients suffered from acute myeloid leukemia (AML),

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two from acute lymphoblastic leukemia (ALL) and one from a relapsed high-grade non-Hodgkin's lymphoma (NHL). All patients received multidrug chemotherapy comprising cytarabine, daunorubicin and thioguanin for the AML patients, and vincristine, daunorubicin and prednisolone or cyclophosphamide, 5 topotecan and cytarabine for the ALL patients. The NHL patient was treated with a combination of fortecortin, carmustine, melphalan, cytarabine and etoposide. Serum samples were collected before and at several time points during therapy. Corresponding control samples were collected from eight age- and sex-matched laboratory personnel. All samples were precleared by 10 centrifugation at 10 000 g, 4°C for 15 min. Subsequently, the immunoglobulin content was reduced by two rounds of extraction with 1 ml protein G-sepharose (Pharmacia) for 1 h. Precleared sera were kept at -70°C until use for immunoprecipitation. As a positive control for immunoprecipitation, 15 peripheral blood mononuclear cells (PBMC) from healthy donors were isolated from heparinized fresh blood by gradient centrifugation (Leucoprep™, Nycomed Pharma AS), washed twice in PBS and extracted in lysis buffer as described below.

To obtain the data shown in Fig. 5, sera (3 ml per person) from 8 patients (6 20 male, 2 female) with mostly hematological malignant disease were analysed. Four patients suffered from acute myeloid leukemia (AML), two from non-Hodgkin's lymphoma (NHL), one from Morbus Hodgkin's disease (HB) and one from breast carcinoma. All patients received multidrug chemotherapy as indicated in Table 1. Serum samples were collected before and at several time 25 points during therapy. Corresponding control samples were collected from eight age- and sex-matched laboratory personnel. All samples were precleared by centrifugation at 10 000 g, 4°C for 15 min. Subsequently, the immunoglobulin content was reduced by two rounds of extraction with 1 ml protein G-sepharose (Pharmacia) for 1 h. Precleared sera were kept at -70°C 30 until use for immunoprecipitation.

Cell extracts, immunoprecipitation and immunoblotting

To determine the cellular cytochrome c content, cells were collected by centrifugation, washed in cold PBS and extracted in cold lysis buffer (50 mM Tris, pH 7,4, 150 mM NaCl, 1% Triton-X100 containing 3 µg/ml aprotinin, 3 µg/ml leupeptin, 3 µg/ml pepstatin and 2 mM PMSF). Extracellular fractions and cell lysates were precleared by centrifugation at 10 000 g, 4°C for 15 min prior to immunoprecipitation. Supernatants were kept at -70°C until use. Immunoprecipitations were performed in a volume of 4 ml in a rotator at 4°C for 4 h using anti-cytochrome c mAb 6H2.B4 (PharMingen) at a final concentration of 0,5 µg/ml. The cytochrome c-mAb complexes were precipitated for 1 h with 40 µl of a 50% slurry of protein G-sepharose in PBS. Precipitates were harvested by short centrifugation (30 000 g, 10 s, 4°C) and washed four times with cold washing buffer (20 mM Hepes, pH 7,4, 150 mM NaCl, 10% glycerol, 0,1% Triton X-100, 1 µg/ml aprotinin, 1 µg/ml leupeptin). Proteins were eluted by boiling the precipitates in SDS-loading buffer containing β-mercaptoethanol, separated under reducing conditions on a 12% SDS-polyacrylamide gel and subsequently transferred to a polyvinylidene difluoride (PVDF) membrane (Amersham Buchler GmbH). Equal loading was confirmed by staining of the proteins with Ponceau S. Subsequently, membranes were blocked for 1 h with 5% non-fat dry milk powder in TBST (TBS, 0,05% Tween-20) and then immunoblotted with anti-cytochrome c mouse mAb 7H8.2C12 (PharMingen) for 2 h. After washing in TBST the blots were incubated with anti-mouse horseradish peroxidase-conjugated secondary antibody for 1 h. Finally, the membranes were washed extensively in TBST and developed using ECL reagents (Amersham Buchler GmbH). The amount of immunoprecipitated cytochrome c was determined by densitometric analysis using the NIH image software (National Institutes of Health).

Measurement of cell death

30 For determination of apoptosis, Jurkat and L929 cells were seeded in microtiter plates and treated with the cytotoxic agents for the indicated time periods. Apoptotic, hypodiploid nuclei were measured as described previously (Nicoletti,

I., G. Migliorati, M.C. Pagliacci, F. Grignani, and C. Riccardi, 1991. A rapid and simple method for measuring thymocyte apoptosis by propidium iodide staining and flow cytometry. *J. Immunol. Methods* 139:271-279; Ferrari, D., A. Stepczynska, M. Los, S. Wesselborg, and K. Schulze-Osthoff, 1998.

5 Differential regulation and ATP requirement for caspase-8 and caspase-3 activation during CD95- and anticancer drug-induced apoptosis. *J. Exp. Med.* 188:979-984). Briefly, apoptotic nuclei were prepared by lysing cells in a hypotonic lysis buffer (1% sodium citrate, 0,1% Triton X-100, 50 µg/ml propidium iodide) and subsequently analysed by flow cytometry. In parallel,

10 cell death as assessed by membrane damage was determined by the uptake of propidium iodide (PI, 2 µg/ml in PBS; Sigma) into non-fixed cells. After 10 min red fluorescence (FL-3) was measured by flow cytometry using a FACScalibur® (Becton Dickinson GmbH) and CellQuest analysis software (FL-3 [PI]).

15 Cell viability was also determined by monitoring the release of the cytoplasmic enzyme lactate dehydrogenase (LDH), an indicator for cell death. In order to obtain total LDH activity, cells were lysed with 1 % Triton X-100. The percentage of LDH release represents the fraction of LDH activity found in the supernatant with respect to the overall enzyme activity.

Table 1 : Summary of patients

Diagnosis	Patient number	Therapy protocol	max. amount of cytochrome c (day)
AML	1,3,6	TAD ^a	3,4,2
	2	HAM ^b	3
NHL	4	CHOEP ^c	2
	5	ICE ^d	2
Morbus Hodgkin Breast Cancer	7	DHAP ^e	4
	8	Epirubicin, paclitaxel ^f	2

5

abbreviations

AML acute myeloid leukemia

NHL non-Hodgkin's lymphoma

10

TAD (thioguanine, cytosine arabinoside, daunorubicin)^aHAM (high dose cytosine arabinoside, mitoxantrone)^bCHOEP (cyclophosphamide, doxorubicin, vincristine, etoposide, prednisolone)
+ anti-CD20^c15 ICE (ifosfamide, carboplatin, etoposide)^dDHAP (dexamethasone, high dose cytosine arabinoside, cisplatin)^e

a) Büchner T., Urbanitz D., Hiddemann W., et al. In-tensified induction and consolidation with or with-out maintenance chemotherapy for acute myeloid leukemia (AML): two multicenter studies of the German AML Cooperative Group. *J. Clin. Oncol.* 1985;3:1583-1589.

5 b) Hiddemann W., Kreutzmann H., Straif K., et al. High-dose cytosine arabinoside and mitox-antrone: a highly effective regimen in refractory acute myeloid leukemia. *Blood.* 1987;69:744-749.

c) Köppler H., Pfluger K.H., Eschenbach I., et al. Se-quential versus alternating chemotherapy for high grade non-Hodgkin's lymphomas: a ran- domized

10 multicentre trial. *Hematol. Oncol.* 1991; 9:217-223.

d) Moskowitz C.H., Bertino J.R., Glassman J.R., et al. Ifosfamide, carboplatin, and etoposide: a highly effective cytoreduction and peripheral-blood pro- genitor- cell mobilization regimen for transplant-eligible patients with non- Hodgkin's lymphoma. *J. Clin. Oncol.* 1999;17:3776-3785.

15 e) Velasquez W.S., Cabanillas F., Salvador P., McLaughlin P., Fridrik M., Tucker S., Jagannath S., Hagemeyer F.B., Redman J.R., Swan F., et al. Effective salvage therapy for lymphoma with cis-platin in combination with high-dose Ara-C and dexamethasone (DHAP). *Blood.* 1988;71:117- 122.

f) Luck H.J., Thomssen C., du Bois A., et al. Phase II study of paclitaxel and

20 epirubicin as first-line therapy in patients with metastatic breast cancer. *Semin. Oncol.* 1997;24 (Suppl 17):S17-35-S17-39. AQ: 2

Claims

1. A method of detection of apoptosis by determining apoptosis-specific markers, characterized in that presence, amount, or activity of markers released from at least one cell undergoing apoptosis into an extracellular medium through cellular release mechanisms is determined.
5
2. The method according to claim 1, characterized in that the apoptosis-specific marker is cytochrome c.
10
3. The method according to claim 1 or 2, characterized in that the extracellular medium is a body fluid, in particular urine, inflammatory fluid, serum or liquor, or cell culture medium.
15
4. The method according to claim 3, characterized in that a sample of urine, inflammatory fluid, serum, liquor, or cells for preparing a cell culture sample is taken from humans or animals.
15
5. The method according to any one of claims 2-4, characterized in that apoptosis is established through comparing the amount of cytochrome c in at least one sample analysed with at least one reference.
20
6. The method according to claim 5, characterized in that in the case of examining body fluid the reference is a standard amount or a determined amount of cytochrome c released into a corresponding body fluid of healthy control subjects or control subjects with apoptosis or necrosis through cellular release mechanisms, or in the case of examining cell culture medium the reference is a standard amount or a determined amount of cytochrome c released into a cell culture medium of cells not undergoing cell death, apoptotic or necrotic cells through cellular release mechanisms, preferably cells of the same cell-type as those of the sample analysed.
25
7. The method according to claim 6, characterized in that apoptosis is established in the case that the amount of cytochrome c in the sample
30

analysed is similar or equal to the reference, wherein the reference is the amount of cytochrome c in the cell culture medium of apoptotic cells or in the corresponding body fluid of control subjects with apoptosis.

8. The method according to claim 6, characterized in that apoptosis is established in the case that the amount of cytochrome c in the sample analysed is larger than the reference, wherein the reference is the amount of cytochrome c in the cell culture medium of cells not undergoing cell death or in the corresponding body fluid of healthy control subjects.
9. The method according to claim 6, characterized in that apoptosis is established in the case that the amount of cytochrome c in the sample analysed is larger than the reference, wherein the reference is the amount of cytochrome c in the cell culture medium of necrotic cells or in the corresponding body fluid of control subjects with necrosis.
10. The method according to any one of claims 1-9, characterized in that the method is used for the diagnosis and/or for therapy control of diseases and/or processes associated with increased apoptosis, including AIDS; neurodegenerative disorders, in particular Alzheimer's disease, Parkinson's disease, amyotrophic lateral sclerosis, retinitis pigmentosa, spinal muscular atrophy, cerebellar degeneration; myelodysplastic syndromes, in particular aplastic anemia; ischemic injury, in particular myocardial infarction, stroke, reperfusion injury; toxin-induced liver disease through alcohol abuse, or abuse of other substances; diseases with an inappropriate level of production or secretion of hormones, in particular hyperthyroidism; diseases characterized by inappropriate bone metabolism; metabolic diseases; degenerative processes associated with injury or surgery; and degenerative processes due the hormonal cycle in females, including women.
11. The method according to any one of claims 1-9, characterized in that the method is used for therapy control of diseases associated with decreased apoptosis including malignant and benign hyperproliferative diseases, in

particular lymphomas, carcinomas, sarcomas, other tumors, or leukemias; autoimmune disorders, in particular systemic lupus erythematosus, rheumatoid arthritis, psoriasis, inflammatory bowel disease, or autoimmune diabetes mellitus; and viral infections, in particular those of retroviruses, herpesviruses, poxviruses, or adenoviruses.

- 5 12. The method according claim to 11, characterized in that the method is used for therapy control of malignant and benign hyperproliferative diseases in the course of chemotherapy, radiotherapy, immunotherapy, surgery or any combination of these therapies.
- 10 13. The method according to any one of claims 1-12, characterized in that presence, amount, or activity of apoptosis-specific markers is determined as a function of time.
- 15 14. The method according to claim 12, characterized in that the ratio of the amount of cytochrome c and the LDH activity is determined.
- 15 15. A method for the identification of apoptosis-modulating substances, wherein the method comprises the following steps:
 - a) providing at least one cell culture sample to be analysed;
 - 20 b) contacting said at least one cell culture sample with one putative apoptosis-modulating substance or mixtures of at least two of such substances to be identified; and
 - c) identifying apoptosis-modulating properties through comparing presence, amount, or activity of apoptosis-specific markers in said at least one sample with at least one reference,
- 25 characterized in that apoptosis-specific markers released from said at least one cell culture sample into the extracellular cell culture medium through cellular release mechanisms are determined.
16. The method according to claim 15, characterized in that the amount of cytochrome c as apoptosis-specific marker is determined.

17. The method according to claim 16, characterized in that the reference is the amount of cytochrome c released into the cell culture medium of a reference sample through cellular release mechanisms, wherein the reference sample is a cell culture sample of the same cell-type as the sample to be analysed.
5
18. The method according to claim 17, characterized in that apoptosis-enhancing properties of one substance or mixtures of at least two of such substances are established in the case that the amount of cytochrome c released from the cell culture sample analysed is larger than the reference, wherein the reference is the amount of cytochrome c released into the cell culture medium of a reference sample obtained from a cell culture sample in the absence of the apoptosis-modulating substances.
10
19. The method according to claim 17, characterized in that apoptosis-inhibiting properties of one substance or mixtures of at least two of such substances are established in the case that the amount of cytochrome c released from the cell culture sample analysed is smaller than the reference, wherein:
15
- a) the sample analysed is containing one known apoptosis-enhancing substance or mixtures of at least two of such substances additionally to the apoptosis-modulating substances to be identified, and wherein
20
- b) the reference is the amount of cytochrome c released into the cell culture medium of a reference sample obtained from a cell culture sample containing the same apoptosis-enhancing substances as the sample analysed but in the absence of the apoptosis-modulating substances.
25
20. The method according to claim 17, characterized in that no apoptosis-modulating properties of one substance or mixtures of at least two of such substances are established in the case that the amount of cytochrome c released from the cell culture sample analysed is similar or equal to the reference, wherein the reference is the amount of cytochrome c released
30

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into the cell culture medium of a reference sample obtained from a cell culture sample in the absence of the apoptosis-modulating substances.

21. A use of an apoptosis detection kit for determining presence, amount, or activity of apoptosis-specific markers released into an extracellular medium through cellular release mechanisms in a sample to be analysed, wherein the kit comprises:
 - a) reagents for the detection of apoptosis-specific markers; and
 - b) instructions for the determination of presence, amount, or activity of said apoptosis-specific markers.
- 10 22. The use according to claim 21, characterized in that the amount of cytochrome c as apoptosis-specific marker is determined.
23. A use of cytochrome c and/or peptides derived thereof as a medicament.
24. A pharmaceutical composition comprising cytochrome c and/or peptides derived thereof and optionally a pharmaceutically active carrier.
- 15 25. A use of cytochrome c and/or peptides derived thereof, for the preparation of a medicament for the treatment of diseases with inflammatory manifestation.

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Fig. 1 (A)

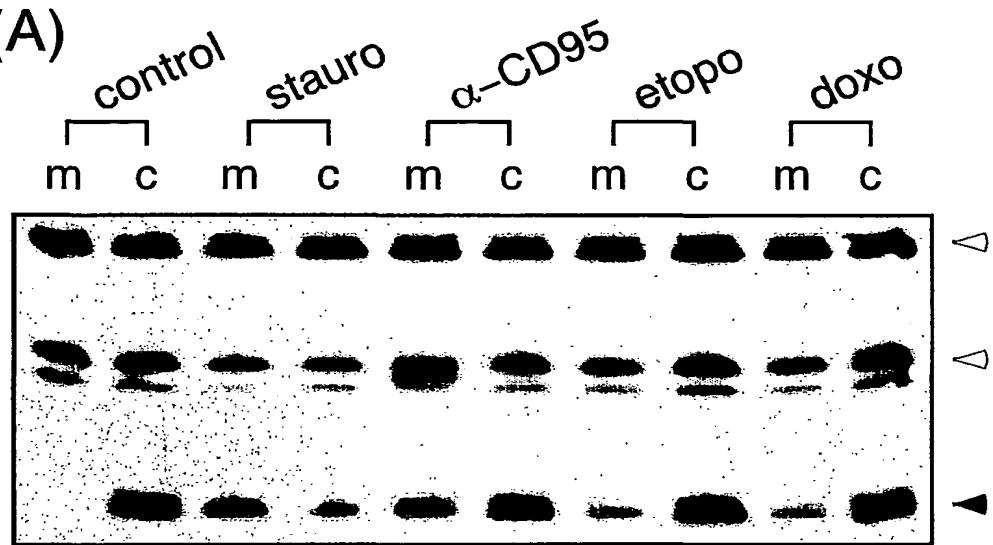
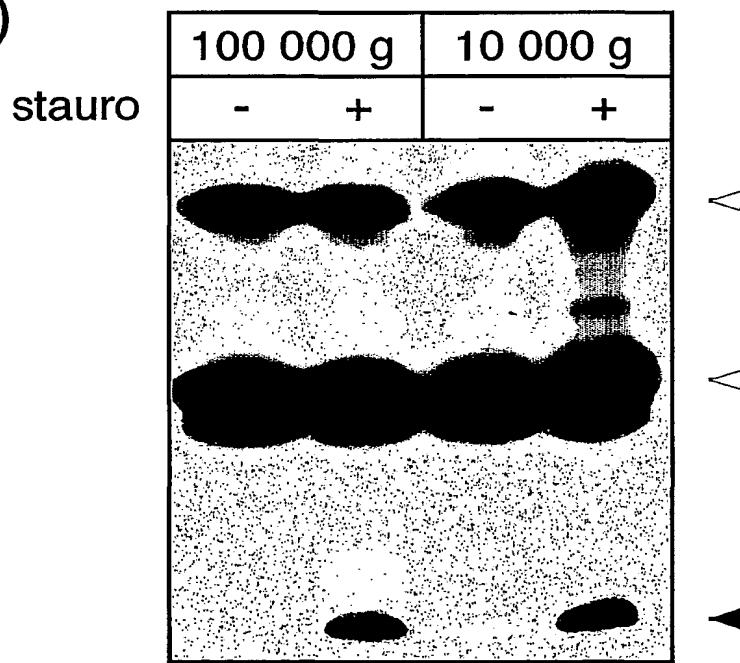
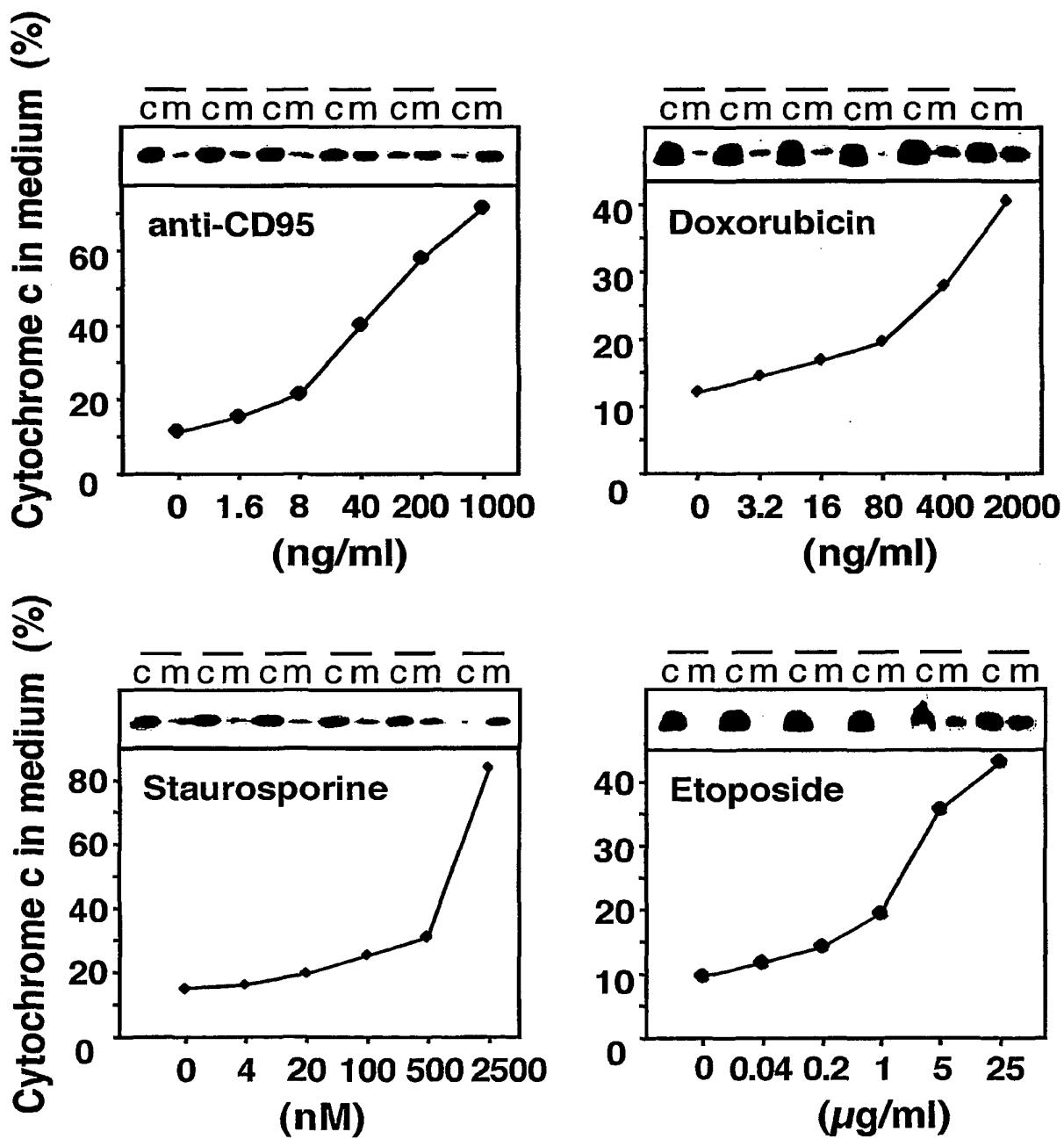


Fig. 1 (B)



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Fig. 1 (C)



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Fig. 2 (A)

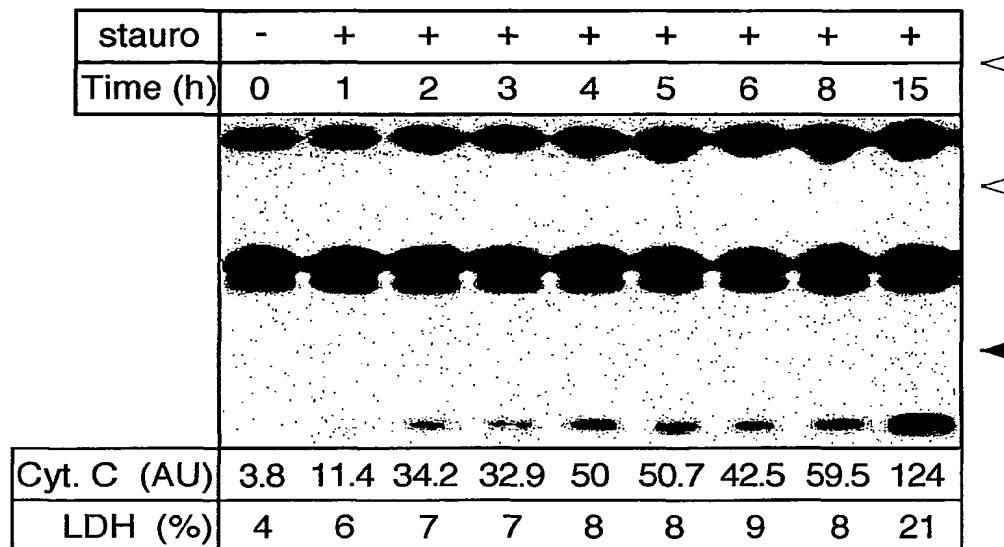
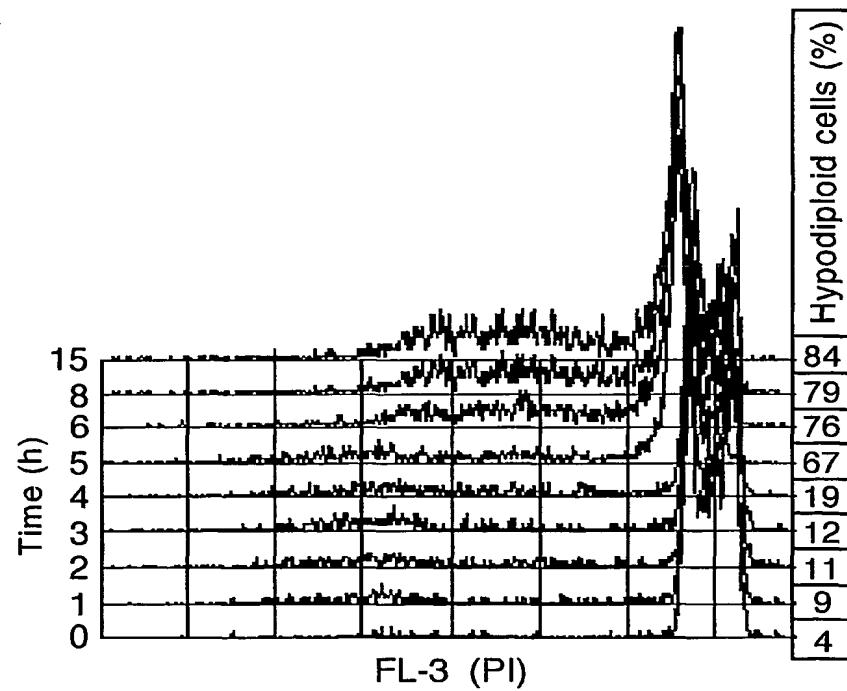
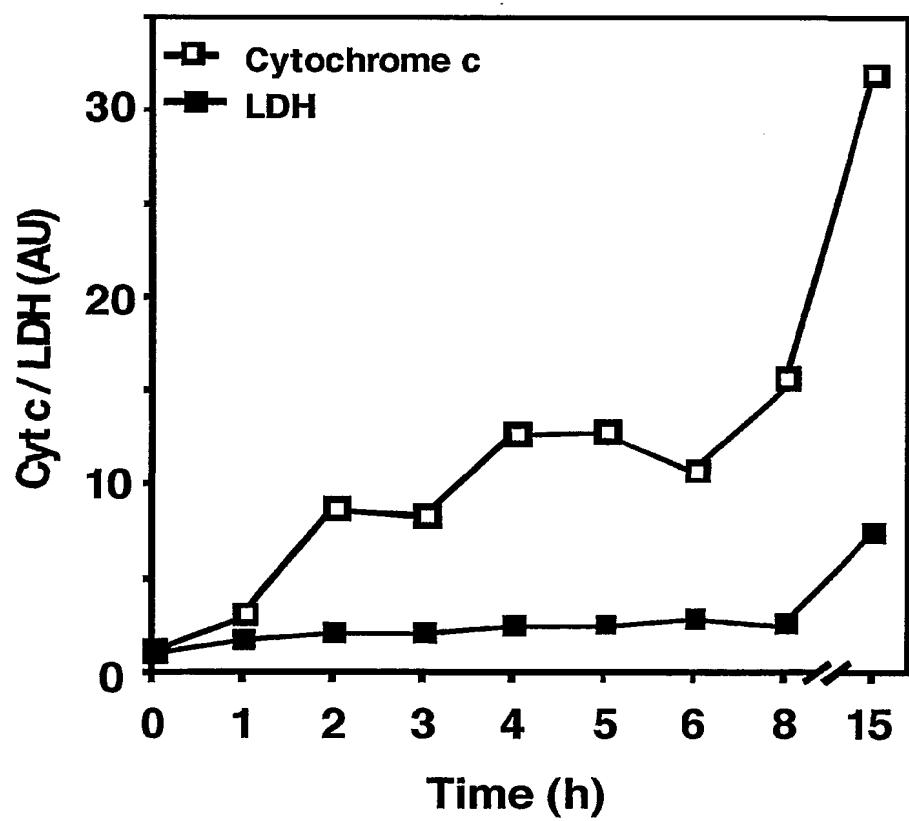


Fig. 2 (B)



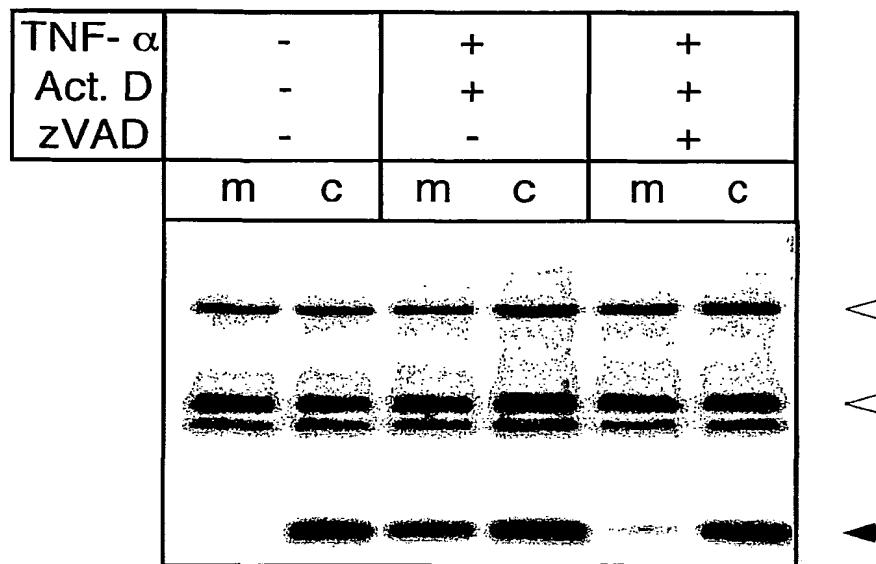
- 4 / 8 -

Fig. 2 (C)

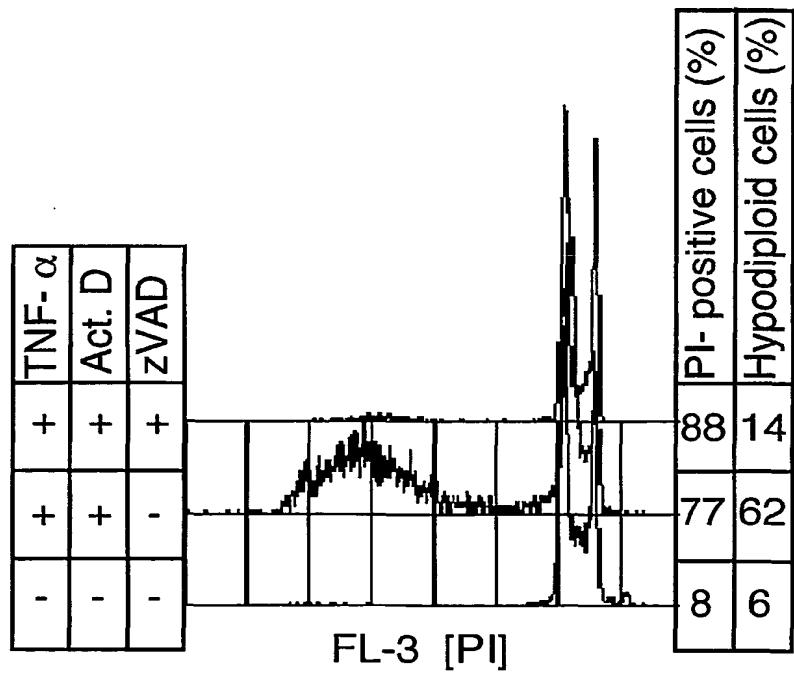


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Fig. 3 (A)



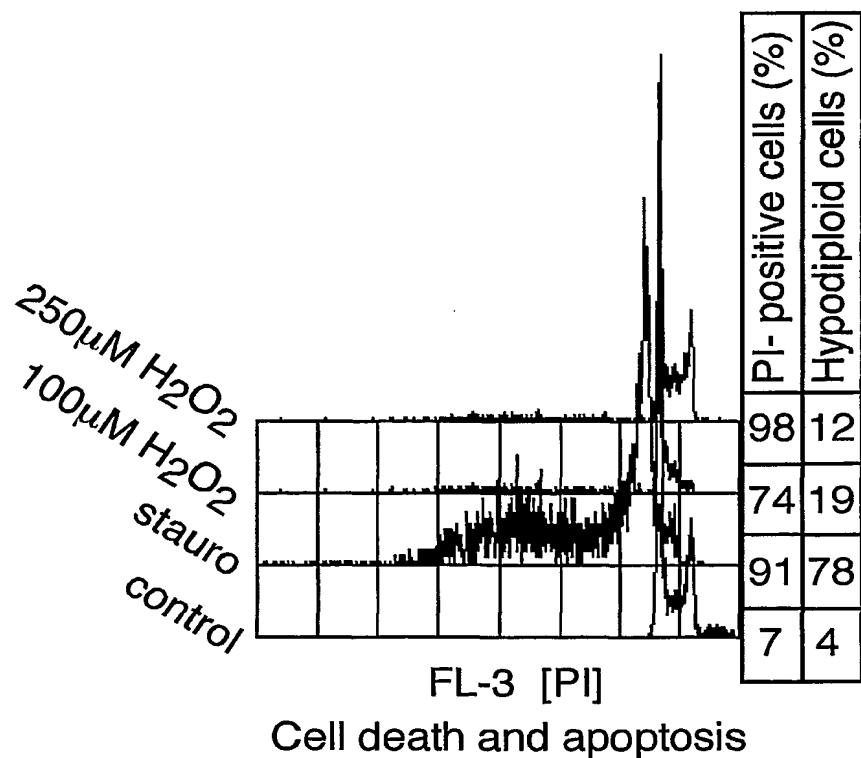
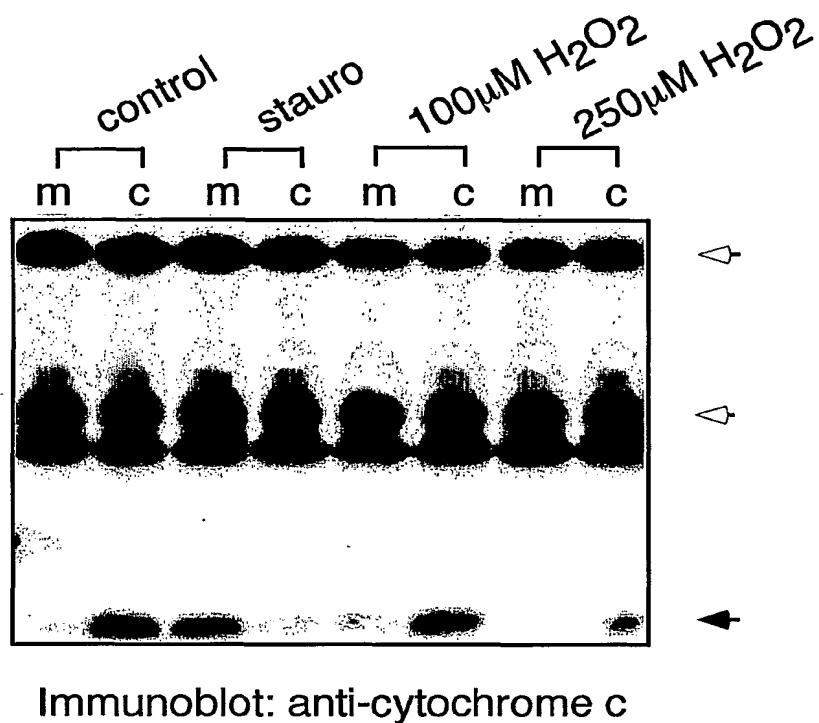
Immunoblot: anti-cytochrome c



Cell death and apoptosis

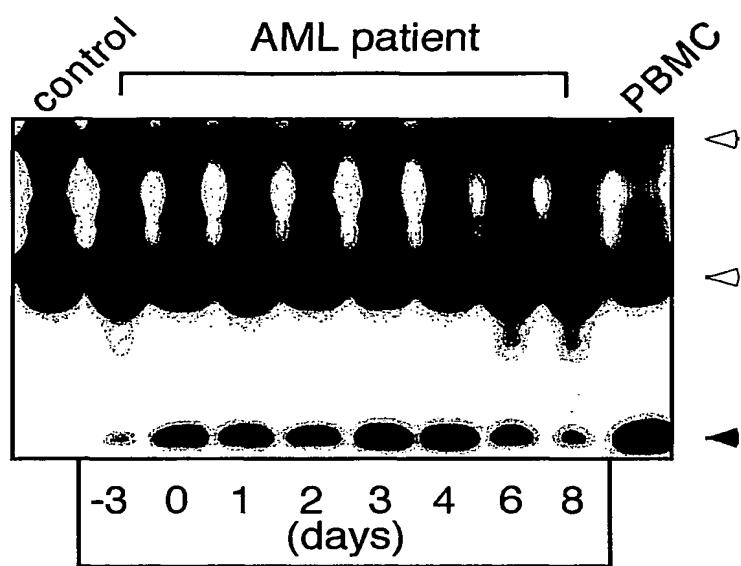
- 6/8 -

Fig. 3 (B)



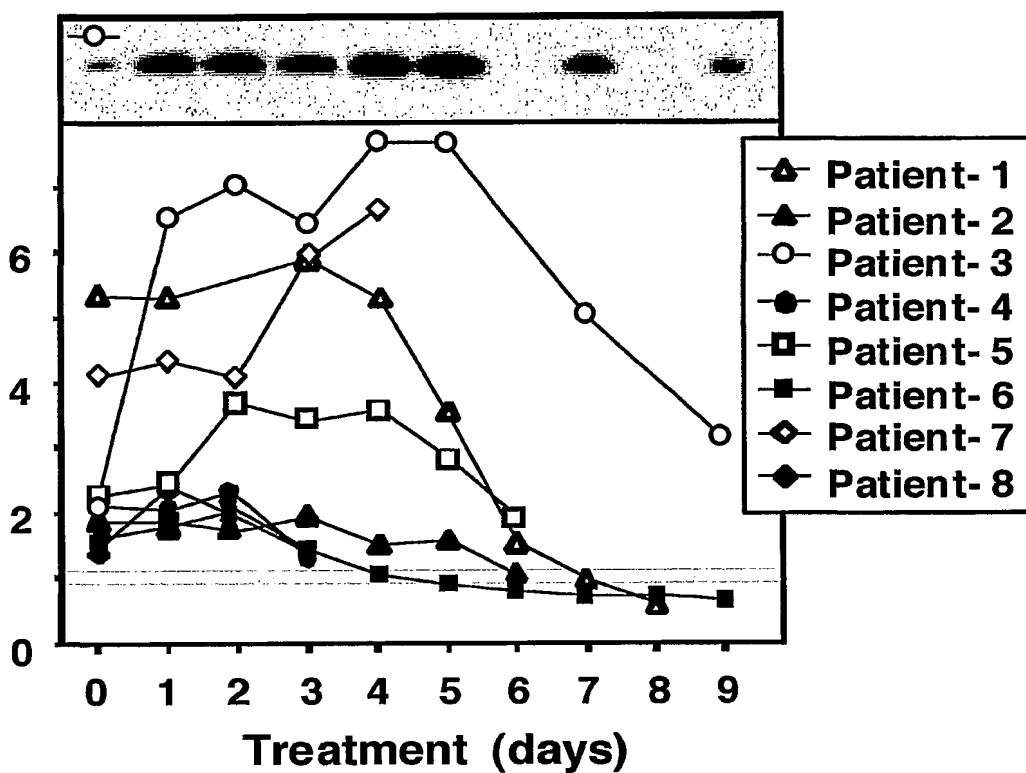
- 7/8 -

Fig. 4



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Fig. 5



INTERNATIONAL SEARCH REPORT

Intell. Application No
PC1/01 01/08389A. CLASSIFICATION OF SUBJECT MATTER
IPC 7 G01N33/50 G01N33/573 C07K14/47

According to International Patent Classification (IPC) or to both national classification and IPC

B. FIELDS SEARCHED

Minimum documentation searched (classification system followed by classification symbols)
IPC 7 G01N C07K

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched

Electronic data base consulted during the international search (name of data base and, where practical, search terms used)

EPO-Internal, PAJ, WPI Data, BIOSIS, EMBASE, CHEM ABS Data

C. DOCUMENTS CONSIDERED TO BE RELEVANT

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Y	column 3, line 35-44 column 4, line 7-64 column 8, line 44-53 column 9, line 1-6 ---	10-13, 15
X	WO 00 17648 A (PROMEGA CORP ;RISS TERRY (US)) 30 March 2000 (2000-03-30)	21
Y	page 7, line 27 -page 8, line 5 page 28, line 19 -page 29, line 22 ---	10-13, 15
X	US 6 048 703 A (MEYER SHERYL L ET AL) 11 April 2000 (2000-04-11)	21
Y	column 4, line 19-30 column 9, line 33-59 ---	10-13, 15
		-/-

 Further documents are listed in the continuation of box C. Patent family members are listed in annex.

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Date of the actual completion of the international search

6 December 2001

Date of mailing of the international search report

28/12/2001

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INTERNATIONAL SEARCH REPORT

Intern	Application No
PCT, L	01/08389

C.(Continuation) DOCUMENTS CONSIDERED TO BE RELEVANT	
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X	US 4 617 187 A (OKUYAMA SHINICHI ET AL) 14 October 1986 (1986-10-14) column 1, line 41-61; claims 1,2 ---
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